

PART B - FEE(S) TRANSMITTAL

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1333 7590 06/08/2011
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(Depositor's name)
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(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/586,433	11/26/2008	Matthias Prinz	N81818LPK	5606

TITLE OF INVENTION: METHOD AND CONTROL ARRANGEMENT FOR TRANSPORTING PRINTING MATERIAL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	09/08/2011

EXAMINER	ART UNIT	CLASS-SUBCLASS
MORRISON, THOMAS A	3653	271-270000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Lawrence P. Kessler
 Christopher J. White

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

EASTMAN KODAK COMPANY

343 STATE STREET, ROCHESTER, NY 14650-2201

NEW JERSEY

Classify the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☐ A check is enclosed.
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 09-0224 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Raymond L. Owens /umd
 Raymond L. Owens

Date

9-7-11

Typed or printed name

Registration No.

22,363

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Date Mailed: 07 September 2011

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the following address:

Thomson IP Management Services
300 Franklin Center
29100 Northwestern Highway
Southfield, Michigan 48034-1095

Customer Number if assigned: 124

in the following listed Application(s) or Patent(s) for which the Issue Fee has been paid.

U.S. PATENT NUMBER	U.S. PATENT ISSUE DATE (IF KNOWN)	U.S. PATENT APPLICATION SERIAL NUMBER	U.S. PATENT APPLICATION FILING DATE
		10/586,433	Jan 11, 2005

PLEASE VOID ALL PREVIOUS FEE ADDRESSES. THANK YOU.

Typed name of authorized individual signing: Raymond L. Owens

Signature of authorized individual signing: _____

Raymond L Owens
Registration No. 22,363

(Check One) X Owner's Attorney or Agent of Record
 Owner of Record